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Racial and Ethnic Differences in the Prevalence and Impact of Doctor-diagnosed Arthritis—United States, 2002

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Objective:

To describe the prevalence and impact of arthritis among three racial and ethnic groups in the United States. Possible reasons for disparities are discussed and interventions described.

Setting:

Sample of U.S. population.

Method or Intervention:

The 2002 NHIS sample adult core questionnaire was administered by personal interview to a nationally representative sample (n = 31,044) of the U.S. civilian, noninstitutionalized population aged >18 years; the overall survey response rate was 74.3%. Respondents were asked about health conditions, including doctor-diagnosed arthritis, arthritis-attributable activity limitations, arthritis-related pain, health behaviors, and access to and utilization of health care. Non-Hispanic blacks and Hispanics were oversampled to provide large enough sample sizes for analysis.

Result or Outcome:

About 42.7 million adults (20.8%) in the U.S. have doctor-diagnosed arthritis, with more than one-third reporting arthritis-attributable activity limitations and nearly one-third of those of working age (18-64) reporting arthritis-attributable work limitations. Compared with white non-Hispanics, black non-Hispanics had a similar prevalence of doctor-diagnosed arthritis but much higher proportions with activity limitation, work limitation, and severe pain. Hispanics had a lower prevalence of arthritis but a much higher proportion with work limitation and severe pain.

Conclusion or Significance:

Possible reasons for racial and ethnic disparities in the prevalence and impact of arthritis are lack of health care access and/or utilization leading to delays in seeking medical attention for joint problems; the presence of co-morbid conditions such as obesity, diabetes, heart disease, and cancer; and employment in jobs that are physically demanding. Due to sociocultural differences, it is also possible that racial and ethnic minority groups who do receive appropriate medical treatment for joint problems respond differentially to standard medical interventions. Programs to increase physical activity, decrease body weight, and teach people with arthritis to manage their disease can reduce the disabling effects of arthritis. The racial and ethnic differences in arthritis-attributable activity limitations, work limitations, and severe pain suggests that arthritis interventions may need to target minority populations in different ways. Their availability and accessibility for black and Hispanic populations with arthritis is crucial because the population of people with arthritis is expected to increase dramatically over the next 25 years as the population ages, and limitations due to arthritis are likely to increase dramatically as well. Without widespread implementation of effective interventions blacks and Hispanics will suffer disproportionately from arthritis-related limitations.